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CONFIRMATION NO. 6702

<b>SERIAL NUMBER</b> 10/571,016	<b>FILING OR 371(c) DATE</b> 03/03/2006 <b>RULE</b>	<b>CLASS</b> 534	<b>GROUP ART UNIT</b> 1626	<b>ATTORNEY DOCKET NO.</b> MC087YP
<b>APPLICANTS</b> Jean-Pierre Falguyret, Rigau, QC, CANADA; Christophe Mellon, L'Ile Bizard, QC, CANADA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/CA04/01693 09/17/2004 which claims benefit of 60/505,244 09/23/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/24/2006</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Liona T. Powers</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> QC	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 19
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 210				
<b>TITLE</b> Whole cell assay involving cathepsin s				
<b>FILING FEE RECEIVED</b> 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	